

**MINUTES OF THE GOVERNOR POLICY BOARD (GPB) MEETING
HELD AT BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST,
UNIT 1, B1, 50 SUMMER HILL ROAD, BIRMINGHAM, B1 3RB
ON THURSDAY 23 JULY 2015, 11.00AM – 14.00PM**

Board members present:

- Robert Alabaster (RA) Governor, North East Ambulance Service NHS Foundation Trust
- Hummad Anwar (HA) Governor, Northamptonshire Healthcare NHS Foundation Trust
- Sheila Barnes (SB) Governor, Rotherham Doncaster and South Humber NHS Foundation Trust
- Frances Blunden (FB) Governor, Royal Free London NHS Foundation Trust
- Diana Broughton (DB) Governor, Lincolnshire Partnership NHS Foundation Trust
- Elisabeth Buggins (EB) Chair, Birmingham Women’s Hospital Foundation Trust
- Geoffrey Carleton (GC) Governor, Poole Hospital NHS Foundation Trust
- Sue Davis (SD) Chair, Birmingham and Solihull Mental Health NHS Foundation Trust
- Peta Foxall (PF) Governor, Royal Devon and Exeter NHS Foundation Trust
- Roy Underwood (RU) Governor, Doncaster & Bassetlaw Hospitals NHS Foundation Trust

In attendance:

- Saffron Cordery (SC) Director of strategy and policy, NHS Providers
- Kim Hutchings (KH) Head of development and engagement, NHS Providers
- Edwin Magombe (EM) Governor support officer, NHS Providers
- Claire Mescia (CM) Programme manager for GovernWell, NHS Providers

Apologies:

- John Coutts (JC) Governance advisor, NHS Providers

Action log:

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| Edwin Magombe (EM) | <ul style="list-style-type: none"> • Schedule an agenda item around the identification of GPB priorities and desired outcomes to be discussed at the next meeting. • Schedule an agenda item around sharing of good practice to be discussed at the next meeting. • Request for Chris Hopson to attend the next GPB meeting. |
| Frances Blunden (FB) | <ul style="list-style-type: none"> • Take up the role of GPB chair at future meetings. • Speak to JC to formulate questions for a survey of membership engagement activities |

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| Kim Hutchings (KH) | <ul style="list-style-type: none"> • Seek advice from NHS Providers' members and election experts on the best election process for the GPB. • Request that HA and RU join the Monitor governor support group as representatives of the GPB. |
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1. WELCOME FROM THE CHAIR

- SD facilitated group introductions for the group given attendance of SC at this meeting.

2. MINUTES OF THE PREVIOUS MEETING AND MATTERS ARISING

- The group confirmed that the draft minutes of the previous meeting on 19 May 2015 were accurate.
- Requests were made for future agendas to be numbered and documentation to include page numbers, versions and publication dates.

3. NOMINATIONS FOR GPB CHAIR

- SD opened nominations for the role of chair. FB put herself forward and the group voted in favour of her to be the chair of the GPB moving forward.
- **Action – FB to take up the role of GPB chair at future meetings.**

4. BACKGROUND TO THE ROLE OF THE GOVERNOR POLICY BOARD

History of merger between FTGA and FTN

- SC outlined the history of the merger between Foundation Trust Governors' Association (FTGA) and NHS Providers (formerly the Foundation Trust Network or FTN). FTGA and FTN had already previously worked together closely, but 18 months ago they decided to merge due to the following benefits of working together being highlighted:
 - 1) Greater efficiency and streamlining of services;
 - 2) Support available to a broader membership base;
 - 3) Opportunity to reflect the maturing role of the governor following HSCA 2012;
 - 4) Better representation of the governor voice and shared learning opportunities.
- SD commented that the current membership fee for governor support services represents a significant saving for former FTGA members.

Relationship with other parties

- GC asked what the current working relationship is between NHS Providers and the NHS Confederation and SD explained that both organisations have different members and have a working agreement to avoid duplication of support.
- He also asked what the relationship is between the GPB and the NHS Providers executive team and SD clarified that the chief executive is accountable to the NHS Providers Board and that herself and EB will be able to channel GPB issues through to the board.

Outlining GPB priorities and desired outcomes

- HA highlighted that the GPB as a group need to identify what tasks to focus on, who will work on what and what the group's priorities are. RA also added that tangible outcomes should be identified in order for progress to be evaluated.
- FB suggested that the GPB have a brainstorming session at the next meeting on this topic in order to identify short term as well as longer term goals.
- **Action – EM to schedule an agenda item around the identification of GPB priorities and desired outcomes to be discussed at the next meeting.**

Sharing transferable approaches

- DB asked how governor support should be streamlined given that trusts are very diverse. SC suggested identifying the core pillars of governor activities which are common to all trusts. CM asserted that this commonality relate to the vision of improving services for patients and also the framework of governor statutory duties. She added that she would like to promote concept of a cohesive team but that variation in trusts is also an opportunity to share creative transferable approaches.
- SB suggested that there would be some value in reporting on the work of GPB member trusts and sharing what works well. SD agreed and suggested looking at topics such as vanguards and where governors fit in. FB added that there is a lot to be learned from each other on topics such as mergers and acquisitions.
- **Action – EM to schedule an agenda item around sharing of good practice.**

5. PROGRESS REPORT AND WORK PLAN

Governor support strategy

- CM noted a shift between offering pure training support to governors to a broader developmental approach. Since the inception of GovernWell, 1,400 governors have been trained with a 98% recommendation rating received.
- The NHS Providers governor support strategy has been member led and consulted upon by all the key stakeholders including Monitor, CQC, DH, the Panel for Advising Governors and the NHS Providers company secretary network. At this network CM asked what type of support would be most useful in addition to training and the most popular responses included regional development workshops, online resources, policy updates and an annual conference.
- The team have used research such as Monitor's survey of governors, local trust surveys and engaging with governors at CoG meetings and GovernWell training in order to validate their approach. Following feedback from the conference, NHS Providers are working with the CQC to raise awareness about the governor role in trust inspections.
- CM described that EM arranged a meeting with Volunteering England (now part of NCVO) about collaboration in support governors as volunteers.
- CM said that they had contacted members recently to inform them of the governor support strategy and outline what is included in member fees.
- CM summarised that the work plan in the immediate and medium term included delivering GovernWell training, regional development workshops, writing policy updates and developing online resources.

- FB said there isn't enough visibility among governors that NHS Providers is an available resource available to them. RU suggested that NHS Providers ask members to put a link to NHS Providers on their trust's website.

Training and development workshops

- CM said that they are looking into cost effectiveness for GovernWell and are introducing a new pricing structure.
- CM has defined learning objectives for the regional development workshops. A distinction was made between development which is not about governor core duties but rather the wider context of governor work.
- Between March and July, NHS Providers ran 13 GovernWell courses with all of them receiving positive feedback. Periodically the team are reviewing course content and including interactive content such as videos from CoG meetings.
- The team continue to recruit GovernWell trainers from across the country and CM requested that if any GPB members come across any potential trainers that they should let her know.
- PF said that information about GovernWell courses have not filtered down. SD said there is some responsibility for trusts to forward information to governors and CM said that information on workshops will be circulated once more details are confirmed.

Online resources

- NHS Providers are developing their corporate website which will have a dedicated section for governor content. GovernWell branding will be aligned with the wider NHS Providers brand.
- CM has been developing e-learning portal content on statutory duties.
- CM said the team have been gathering examples of the governor role in context. Examples of these include interviews with chairs, staff governors and appointed governors such as with the article written by PF. The NHS Providers policy team have written a policy article for governors entitled "Delivering on the Five Year Forward View for the NHS" which will be part of the e-newsletter for governors launched at the end of July.
- An induction toolkit has been developed and is in the final design stage. This will support company secretaries and trust staff inducting new governors.

Governor queries and relationship issues

- CM has spoken with stakeholders about developing a consistent process to respond to governors queries. Queries received broadly fall into two categories: clarification about the governor role and issues around problematic behaviour and broken relationships.
- EM has worked with Birmingham and Solihull Mental Health Trust to develop an initial protocol for assisting governors in experiencing crisis.
- SD asked what the relationship is between NHS Providers and the Panel for Advising Governors. KH who sits on the panel in her own right described that it is a group of around a dozen governors, chairs and company secretaries and is chaired by GovernWell associate Linda Nash. The Panel deals with cases where the majority of a CoG needs to investigate a potential breach of constitution or violation of the Health and Social Care Act 2012. So far the Panel has not received any referrals but they have

received several queries. It was suggested that the low number of referrals may indicate a greater need for marketing of its activities.

- GC said that he was approached by governors who were having difficulties at another trusts and he questioned whether he should be doing that or if it is the role of NHS Providers. KH said that NHS Providers do not run a helpline but that doesn't stop individuals contacting them and would not want to turn them away. The first port of call in a relationship breakdown is the chair and as SB noted, in the situation when there is a problem between governors and the chair, the SID is responsible for mediating a resolution.
- HA thinks role-play scenarios are a very good useful way to learn about cultivating productive relationships and they could and could be filmed to be used as an online resource.

Assessing the value of an annual governor conference

- RA commented that the focus on regional development for governors is very productive as its outcomes can be less tangible at a national level. HA agreed but said there was a place for a national conference for governors.
- CM referenced a study of school governors by the University of Bath which indicated a key lesson about the need to raise awareness of the role of governors. This could be achieved through holding a national conference.
- HA suggested that non-governors such as NEDs and medical directors should also be invited to governor events.
- SB noted that an annual conference restricts the number of people able to attend from each trust.
- SD supported a national conference for governors, highlighting that it is important for senior NHS figures to have exposure to governors and it is also an opportunity for governors to influence key thinkers in the NHS.
- HA commented that regional workshops need to have different objectives to a conference. Workshops would be more for governors to learn about their environment and input from the CQC would be useful.
- DB commented that governor issues would have more clout with the national conference. Following the HSCA 2012 it is important to influence national stakeholders and reflect the increasing importance of governors.
- FB commented that delivering regional workshops would be valuable, but trusts can take initiative and not rely on NHS Providers to organise regional activities. It is important to look at different types of governors when exploring issues, for example when developing a code of conduct, as issues for staff governors for example will be different.
- FB suggested that NHS Providers should play a facilitative role linking with contacts at a local level. She added that when developing networks for governors it is possible to do it also group them by governor type rather than geographically.
- GC commented that an annual conference is important in order to get important speakers such as ministers. He also added that it is important that regional workshops do not duplicate the work of existing regional networks such as the SW Gen. CM said that they have been in touch with the regional networks including the SW Gen and will work in collaboration with them.
- PF said that speakers at the events should not just talk at governors but should have a focus on interactivity.

6. REVIEW OF THE GPB ELECTION PROCESS

- In place of JC, KH covered the review of the GPB election process. KH commented that feedback on the election process indicated that the system of one vote per trust was not helpful. The reason for the decision was due to NHS Providers not anticipating such a high number of nominations. On reflection one vote left trusts with a difficult choice and too many candidate profiles to read. Despite this, there was a reasonable voter turnout of 60% which is higher than the average for many governor elections
- KH proposed that the election rules should be amended to allow each trust to cast eight votes instead of one. HA asked how this would influence the outcome and EM highlighted that this would lead to less drawing of lots and ability for trusts with submitted nominations to still vote for other candidates other than their own.
- SD suggested mirroring the election process for the NHS Providers board which allows one vote per category. She added that the FTGA model for the previous GPB election had a positive effect in terms of creating a diverse output of members.
- EB suggested allowing three votes instead of eight. RU said that in his experience this system of voting did not work well.
- KH election rules said that the election rules allow for the candidate with the next highest number of votes to win of any category if one category does not receive any votes.
- PF commented that the GPB need to be as fair and transparent as possible when revising the election process.
- SD suggested doing a survey of members to find out if the proposal for eight votes would be welcome.
- FB said she would be speaking to JC shortly and will ask him about reviewing the election rules.
- KH offered to take external advice from election experts and come back with options.
- **Action – KH to seek advice from NHS Provider members and election experts on the best election process for the GPB.**

7. ENGAGEMENT WITH MEMBERSHIP AND THE PUBLIC

GovernWell course content and ideas on member engagement

- CM defined engagement with membership and the public as productive relationships between public and governors and clarified that it is a key statutory duty for governors. She also highlighted the nuanced difference between being 'representative of' or 'representing' membership and the public.
- CM commented that governors do not work in isolation of this issue. A greater awareness is needed on engagement strategies. Membership engagement can widen the pool of volunteers in trust thereby bringing in further income.
- CM commented that membership activities can be large scale such as youth forums, staff awards or can be small scale such as canvassing views and tapping into local networks. One governor she met was active in a health and leisure club which is a good opportunity to target men's health and young people. Other means of engagement may also be useful to reach the public such as the use of art and music. Governors can use their trust's history to link with voluntary organisations.

- CM added that information governance is about dealing with views in appropriate way. The diversity agenda is also important in many constituencies.
- CM highlighted that membership engagement is a good way of triangulating information.
- CM suggested that there is opportunity to work more closely with communications leads and company secretaries on this topic. Trusts need to ensure that overall systems and processes enable governors to go out and communicate with members and the public although the trust should ensure that messages are consistent.
- CM highlighted the importance of retaining members and not just focusing on increasing the number of members.
- NHS Providers worked with Monitor to produce a guidance document of engagement with membership and the public.

Barriers to effective engagement with membership and the public

- RA said that there is some frustration among governors who want to be more active in member engagement but are held back by their trust's engagement strategy. This may be about achieving the right balance.
- PF asked the group what engagement activities they use and said that in her trust they have a member engagement group. She questioned the excessive focus on member targets and also asked what the underlying purpose of trusts having members was. KH pointed out that the law stipulates that trusts have to have members.
- DB said that after the HSCA 2012, governor engagement is now aimed at the public too. She said that trusts can become fixated on membership targets.
- SB questioned the reason for continuously growing membership and said that it was also important to focus on looking after current members.
- SB and DB have governor drop in sessions for members. HA have governor led volunteer events for members which are supported by trust staff. GC has member meetings on topics such as health eating. His trust sends membership figures to Monitor each month.
- FB suggested it would be useful to develop a more systematic picture of how trusts engage with their membership and EB added that this would enable the sharing of transferable ideas.
- RU commented that it was important that ideas on membership do not just come from the GPB but that it is also cascaded to all trusts. EB suggested gathering feedback on member engagement strategies from NHS Providers members.
- **Action – FB will speak to JC to formulate questions for a survey of membership engagement activities**

8. MONITOR'S GOVERNOR SUPPORT GROUP MEETING

- KH gave an overview of the Monitor governor support group which brings together stakeholders including NHS Providers, Monitor, CQC, DH and the Panel for Advising Governors.
- KH said that formerly the group had two representatives from the FTGA and at the previous meeting they had agreed that two GPB members would replace them on the group. A new ToR has been created but has not yet been ratified.

- KH said that various groups often ask for governor input and she proposed that those groups could draw upon the GPB as a resource. FB and the group agreed with this proposal.
- KH asked the group for two volunteers to attend Monitor governor support group meetings three times a year. HA and RU both volunteered.
- **Action – KH to request that HA and RU join the Monitor governor support group as representatives of the GPB.**

9. ADMINISTRATION

- EM collected completed contact forms and declaration of interest forms from GPB members.

10. AOB

- SD proposed that the next meeting take place in London so that the chief executive of NHS Providers, Chris Hopson, can attend. The group agreed with this proposal.
- **Action – EM to request for Chris Hopson to attend the next GPB meeting**

11. CONFIRMATION OF NEXT MEETING DATE AND VENUE

- The next meeting date and venue was confirmed by the group as Thursday 22 October at the NHS Provider offices at One Birdcage Walk, London, SW1H 9JJ.

Minutes were ratified on 22 October 2015 by the governor policy board